

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Billy F. Broomfield  
Full Address 4512 Hawkins Street Moss Point, Ms.  
Telephone 228-475-1293 (Fax) 228-475-1293  
E-mail bbroom@bellsouth.net  
Office Sought State Representative Political Party Democrat

RECEIVED

JAN 28 2010

Secretary of State  
DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 10,050.00	\$ 19,411.67
Total amount of disbursements	\$ 5,441.74	\$ 5,441.74
Total amount of cash on hand	\$ 13,969.93	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Billy Broomfield  
Signature of Candidate

January 28, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>HQ Holdings Inc.</u>	<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Chevron USA</u>	<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>1000.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>William Martin</u>	<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>250.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Simmons Network</u>	<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>250.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CONWAY &amp; MARTIN</u>		<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>250.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>REPUBLIC PARKING</u>		<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CORPAC</u>		<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>1000.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TERRY GREEN</u>		<u>1</u> / <u>1</u> / <u>  </u>	\$ <u>1000.00</u>
Mailing Address		<u>1</u> / <u>1</u> / <u>  </u>	\$
City, State, Zip Code		<u>1</u> / <u>1</u> / <u>  </u>	\$
Name of Employer (Required)		<u>1</u> / <u>1</u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Billy Broomfield  
 Reporting period January 1, 2009 through December 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Elliot Davis</u>	<u>1</u> <u>1</u> <u>1</u>	\$ <u>600.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>600.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Elite Service</u>	<u>1</u> <u>1</u> <u>1</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>W.D. Schock Company</u>	<u>1</u> <u>1</u> <u>1</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>North Florida Recruiting</u>	<u>1</u> <u>1</u> <u>1</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Billy Broomfield  
 Reporting period January 1, 2009 through December 31, 2009

# ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>The LPA Group</u>	<u>1/1/</u>	<u>\$ 500.00</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Bill Hawks</u>	<u>1/1/</u>	<u>\$ 250.00</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 250.00</u>

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Astrazeneca</u>	<u>1/1/</u>	<u>\$ 400.00</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 400.00</u>

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>AT&amp;T Mississippi Pact</u>	<u>1/1/</u>	<u>\$ 500.00</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>

Name of Candidate or Committee Billy Broomfield  
Reporting period January 6, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS Assoc. For HomeCare</u>	<u>  1  1  </u>	<u>\$ 300.00</u>
Mailing Address		<u>  1  1  </u>	<u>\$</u>
City, State, Zip Code		<u>  1  1  </u>	<u>\$</u>
Name of Employer (Required)		<u>  1  1  </u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$ 300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Grand Trunk Western R/R</u>	<u>  1  1  </u>	<u>\$ 250.00</u>
Mailing Address		<u>  1  1  </u>	<u>\$</u>
City, State, Zip Code		<u>  1  1  </u>	<u>\$</u>
Name of Employer (Required)		<u>  1  1  </u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$ 250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Ameristar Casino</u>	<u>  1  1  </u>	<u>\$ 500.00</u>
Mailing Address		<u>  1  1  </u>	<u>\$</u>
City, State, Zip Code		<u>  1  1  </u>	<u>\$</u>
Name of Employer (Required)		<u>  1  1  </u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$ 500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Baker, Donaldson</u>	<u>  1  1  </u>	<u>\$ 500.00</u>
Mailing Address		<u>  1  1  </u>	<u>\$</u>
City, State, Zip Code		<u>  1  1  </u>	<u>\$</u>
Name of Employer (Required)		<u>  1  1  </u>	<u>\$</u>
Occupation (Required)		Aggregate year-to-date	<u>\$ 500.00</u>



Name of Candidate or Committee Billy BroomfieldPage 1 of 1Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>Wal-Mart</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$ <u>716.00</u>
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Computer</u>		Aggregate Year-to-date	\$ <u>716.00</u>
B. Full name <u>Pamela Payne</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$ <u>500.00</u>
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500.00</u>
C. Full name <u>Enterprise</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$ <u>640.36</u>
City, State, Zip Code		<u>1/1/</u>	\$ <u>940.00</u>
Purpose of Disbursement (Optional) <u>NBCSL</u>		Aggregate Year-to-date	\$ <u>1,580.36</u>
D. Full name <u>Sterling Towers</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$ <u>1,500.00</u>
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1,500.00</u>
E. Full name <u>Cort Furniture</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$ <u>413.58</u>
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>413.58</u>
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$